



KENTUCKY BOARD OF PHYSICAL THERAPY

312 Whittington Parkway, Suite 102

Louisville, KY 40222

<http://pt.ky.gov>

Phone: 502/429-7140

Fax: 502/429-7142

Exemption or Extension for Completion of Continued Competency Form (See 201 KAR 22:045, Section 2(5))

NOTE: All applications for time extension shall be in writing and received by the board office by March 31st of each odd numbered year of the renewal cycle.

1. Name and address of applicant (please type or print)

_____ Date of application: _____
 _____ License Number: _____
 _____ Telephone Number: _____

2. This application is made pursuant to: *(Read carefully and check the proper box)*

- ☐ **Active Military Duty Exemption:** Attach evidence of circumstances associated with active military duty.
- ☐ **Hardship Extension:** Attach evidence of circumstances establishing "hardship or other clearly mitigating circumstance." **Note:** Statement of evidence is required. Application will be returned as denied if statement is not attached. Provide a plan that will meet the required credit deficiencies and a date by which you propose to complete the process.
- ☐ **Non-Hardship Extension:** Attach a \$250.00 filing fee and a written plan setting forth how the applicant's credit deficiency will be in compliance on or before July 1 of the filing year. **Note:** Written plan and fee are required at the time of filing. Application will be returned as denied if not attached. (Make check payable to *Kentucky Board of Physical Therapy*)

Signature

Date

